

**FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) SPRING ROSEN (2) 472-4347
Candidate, Committee or Party Name PHONE #

(3) 505 LIGHTHOUSE WAY SANIBEL FL 33957
Address (number and street) City State Zip Code

Checkbox if address has changed since last report

(4) Check appropriate box(es):

- Candidate (office sought): Hospital Board
- Political Committee Check if PC has DISBANDED
- Committee of Continuous Existence Check if CCE has DISBANDED
- Party Executive Committee

FINAL REPORT

SUPERVISOR OF ELECTIONS
OCT 1 3 31 AM '00

(5) REPORT IDENTIFIERS

Cover Period: From 7/1/00 To 10/19/00 Report Type FR

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$150.00
 Loans \$ 0
 Total Monetary \$ 150.00
 In-kind \$ 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 150.00
 Transfers to Office Account \$ 0
 Total Monetary \$ 150.00

(8) Other Distributions \$ 0

(9) TOTAL Monetary Contributions to Date
\$ 150.00

(10) TOTAL Monetary Expenditures to Date
\$ 150.00

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct and complete

SPRING ROSEN
 Name of Treasurer Deputy Treasurer

Spring Rosen
 Signature

I certify that I have examined this report and it is true, correct and complete

SPRING ROSEN
 Name of Candidate Chairman (PC/PTY Only)

Spring Rosen
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name SPRING ROSEN

(2) PHONE # 472-4347

(3) Cover Period 7/1/00 through 10/19/00

(4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contributor Type	In-kind Description	Amendment	(12) Amount
			Type	Occupation				
07/13/00	21	ROSEN SPRING 500 LIGHTHOUSE WAY SANIBEL, FL 33957	I		ROAN			\$150.00
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FINAL REPORT

RECEIVED SUPERVISOR OF ELECTIONS
Oct 17 9 31 PM '00

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name SPRING ROSEN (2) PHONE # 478-4347
 (3) C o v 07/01/00 through 10/19/00 (4) Page 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
07/21/00 #1	SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS 33902	FILING FEE	MON		\$ 150.00
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FINAL REPORT

RECEIVED
SUPERVISOR OF
ELECTIONS
Oct 17 3 31 PM '00